

APPLICATION FOR WELDING TRAINING

Submit this application by email to:

workforceregistration@smccME.edu

Questions? Call 207-741-5955

Application Date: _____

LAST NAME	FIRST	MIDDLE	DATE OF BIRTH	SOCIAL SECURITY NUMBER	EMAIL ADDRESS
ADDRESS			CITY	STATE	ZIP
HOME:			CELL:		

EDUCATION

	School Name	Location	Years Attended	Degree Received	Major
High School					
College					
Trade, Tech/Other					

Other training, certifications, or licenses held: _____

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EMPLOYMENT HISTORY

Please list your 3 most recent positions.

Name of Company & Address of Company	From (Mo. & Yr)	TO (Mo. & Yr)	Immediate Supervisor	Pay Rate	Job Title/Duties	Reason for Leaving
1						
2						
3						

Are You At Least 18 Years Old? Yes No

Do You Have: High School Diploma GED

Are You Presently Employed? Yes No

Current Work Hours: _____ to _____

Are You Authorized to Work in The U.S.? Yes No

Are You A US Citizen? Yes No

Please list any related trade experience or Training? _____

How did you hear about this training? _____

PROFESSIONAL DEVELOPMENT HISTORY

LIST ANY OTHER PROFESSIONAL DEVELOPMENT CREDENTIALS OF LICENSURE (i.e. Military, Real Estate, other)

CERTIFICATION OF APPLICANT: I affirm, agree and/or understand that all statements on this form are complete, true, and accurate; any misrepresentation or omission of facts may result in my being disqualified; the factual basis for my statements herein may be investigated; and copies of this form may be furnished to prospective employers. I further understand that if accepted for training, I am not under any obligation to accept work with any specific firm, nor am I assured of being offered any employment with any entity upon successful completion of the training. Also, I may reject any job offer to me as I so desire.

SIGNATURE: _____

DATE: _____